

**Professional Licensing Agency**  
402 West Washington Street  
Room W072  
Indianapolis, IN 46204



**Eric J. Holcomb**  
*Governor of Indiana*  
**Deborah J. Frye**  
*PLA Executive Director*

## Home Medical Equipment Service Provider Renewal

Renew online at [MyLicense.IN.gov](http://MyLicense.IN.gov). Registration codes were provided in the renewal notices either emailed or mailed to each provider. To renew by mail, send this form with the renewal fee of \$200 to the address above, allowing 4 weeks for processing. Make check or money order payable to 'Indiana Professional Licensing Agency'. If this form is postmarked after license expiration you must include a \$50 late fee. If you answer 'Yes' to questions below, please include a signed statement fully explaining the response plus any additional documentation with this renewal application.

### **LICENSEE INFORMATION: Update address, if needed, and provide a current phone number and email address**

Licensee Name	License Number	Expiration Date	Renewal Fee
Street Address			
City	State	Zip Code	
Phone Number	Email Address		

### **QUESTIONS**

1. Since your last renewal has the facility or any of its agents or employees been excluded from Medicare participation?	YES NO
2. Since your last renewal has the facility or any of its agents or employees had any disciplinary action taken by a federal or state government agency or is any action pending?	YES NO
3. Since your last renewal has the facility had any action taken by an accreditation or certification body or is any action pending?	YES NO
4. Since your last renewal has your facility been denied a license or registration in any state or U.S. territory?	YES NO
5. Since your last renewal has the applicant, or any of the applicant's employees or associates, been convicted of a felony that has not been expunged by a court?	YES NO

### **LICENSEE AFFIRMATION**

I hereby swear or affirm under the penalties of perjury that, as a representative of this facility, I have read, reviewed, and understand the Indiana Board of Pharmacy statutes and rules and have answered the questions truthfully to the best of my knowledge.	
Signature of Licensee	Date (month, day, year)

Visit us on the web at [www.pla.in.gov](http://www.pla.in.gov). If you have any questions for the Indiana Board of Pharmacy, please email [renewal4@pla.in.gov](mailto:renewal4@pla.in.gov) or call 317-234-2067.

### **FOR OFFICE USE ONLY**

Renewal Fee	Receipt No.	Date
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